



Nashoba Associated Boards of Health

H1N1 Vaccine Administration Record

The doctor or clinic may use this form for written documentation required for every dose of vaccine, or they may record it in your medical record. They will record what vaccine was given, when the vaccine was given, the address where the vaccine was given, the name of the company that made the vaccine, the vaccine's special lot number, the name and title of the person who gave the vaccine, and the document number.

Information about the person(s) to receive the vaccine (**please print clearly**):

| | | | | |
|-------------------------|----------------|------|-------------|-------|
| Name (Last, First, MI): | Date of Birth: | Age: | Site/Route: | Dose: |
| Name (Last, First, MI): | Date of Birth: | Age: | Site/Route: | Dose: |
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| Name (Last, First, MI): | Date of Birth: | Age: | Site/Route: | Dose: |

| | | |
|-----------------|--------|------|
| Street address: | | |
| City: | State: | Zip: |

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| Parent/Legal Guardian's Name: |
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I have received a copy of the Vaccine Information Statements (Dated 10/2/09) and completed the vaccine screening questionnaire.

Signature of Parent/Legal Guardian or Adult receiving the vaccine.

_____ Date: _____

For Clinic/Office Use

Vaccine name manufacturer lot number expiration date
Influenza A (H1N1) _____ _____ _____

Name/ title of vaccine administrator: _____

Clinic/office address: Nashoba Associated Boards of Health, Central Avenue, Ayer, MA 01432